

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

TESTINGPulse rate: _____ Pulse rhythm regular: ☐ Yes ☐ No

Height: _____ feet _____ inches Weight: _____ pounds

Blood Pressure Systolic Diastolic**Urinalysis** Sp. Gr. Protein Blood Sugar

Sitting

Urinalysis is required.

Second reading
(optional)Numerical readings
must be recorded.

Other testing if indicated

*Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.***Vision***Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.***Hearing***Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).***Acuity** Uncorrected Corrected Horizontal Field of VisionCheck if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither

Right Eye: 20/____ 20/____ Right Eye: ____ degrees

Whisper Test Results Right Ear Left Ear

Left Eye: 20/____ 20/____ Left Eye: ____ degrees

Record distance (in feet) from driver at which a forced
whispered voice can first be heard

Both Eyes: 20/____ 20/____

Yes No**OR**Applicant can recognize and distinguish among traffic control
signals and devices showing red, green, and amber colors☐ ☐**Audiometric Test Results**

Monocular vision

☐ ☐

Right Ear

Left Ear

Referred to ophthalmologist or optometrist?

☐ ☐

500 Hz

1000 Hz

2000 Hz

500 Hz

1000 Hz

2000 Hz

Received documentation from ophthalmologist or optometrist?

☐ ☐

Average (right): _____ Average (left): _____

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System

Normal Abnormal

Body System

Normal Abnormal

1. General

☐ ☐

8. Abdomen

☐ ☐

2. Skin

☐ ☐

9. Genito-urinary system including hernias

☐ ☐

3. Eyes

☐ ☐

10. Back/Spine

☐ ☐

4. Ears

☐ ☐

11. Extremities/joints

☐ ☐

5. Mouth/throat

☐ ☐

12. Neurological system including reflexes

☐ ☐

6. Cardiovascular

☐ ☐

13. Gait

☐ ☐

7. Lungs/chest

☐ ☐

14. Vascular system

☐ ☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV.
Enter applicable item number before each comment.

(Attach additional sheets if necessary)